

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME Clay Russell			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Assistant to the Governor			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS 300 S. Spring St. Suite 16701			TELEPHONE NUMBER		
CITY Los Angeles	STATE CA	ZIP 90013						

MONTH/YEAR 3/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
30-Mar	655am	SAC to LA					159.70		7.50	15	7.50	0.00	167.20
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
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											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	159.70	0.00	7.50	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$167.20	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

RETURN HOME FROM SR STAFF RETREAT

(private vehicle miles from BUR airport to my car @ private terminal)

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

6ARH839

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240985

I HEREBY CERTIFY: That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT TITLE	DATE 4-19-10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 4/20/10
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE